



# Pain Control: Pediatric

## History

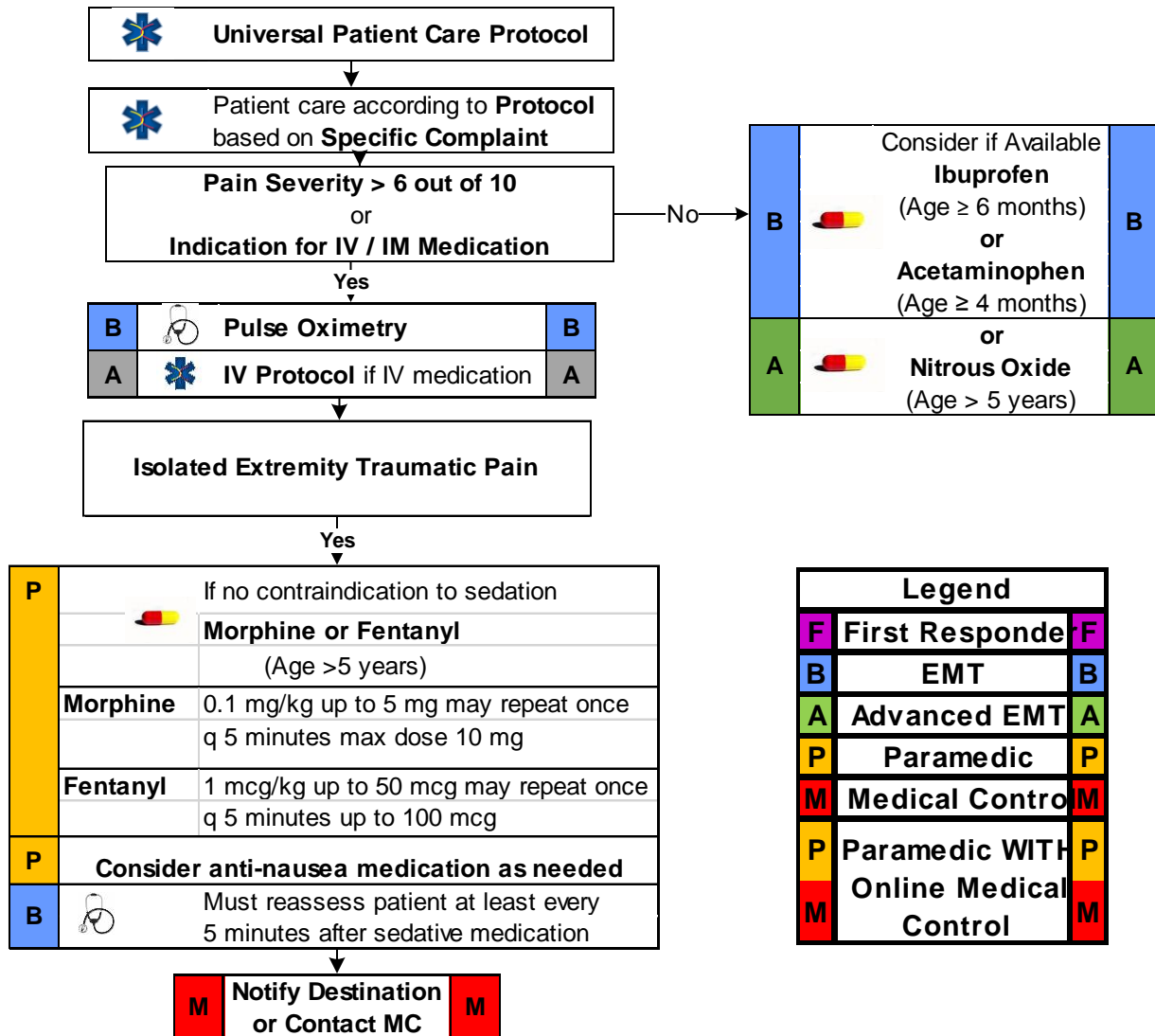
- Age
- Location
- Duration
- Severity (1 - 10)
- If child use Wong-Baker faces scale
- Past medical history
- Medications
- Drug allergies

## Signs and Symptoms

- Severity (pain scale)
- Quality (sharp, dull, etc.)
- Radiation
- Relation to movement,
- Respiration
- Increased with palpation of area

## Differential

- Per the specific protocol
- Musculoskeletal
- Visceral (abdominal)
- Cardiac
- Pleural / Respiratory
- Neurogenic
- Renal (colic)



General Protocols

## Pearls

- **Recommended Exam: Mental Status, Area of Pain, Neuro**
- Pain severity (0-10) is a vital sign to be recorded pre and post IV or IM medication delivery and at disposition.
- For children use Wong-Baker faces scale or the FLACC score (see Assessment Pain Procedure)
- Vital signs should be obtained pre, 5 minutes post, and at disposition with all pain medications.
- Contraindications to Narcotic use include hypotension, head injury, or respiratory distress.
- All patients should have drug allergies documented and avoid medications with a history of an allergy or reaction.
- All patients who receive IM or IV medications must be observed 15 minutes for drug reaction.
- **Ibuprofen** should not be given if there is abdominal pain, history of gastritis, stomach ulcers, fracture, or if patient will require sedation.
- Do not administer any PO medications for patients who may need surgical intervention such as open fractures or fracture deformities.
- See drug list for other contraindications for Narcotics, Nitrous Oxide, Acetaminophen, and Ibuprofen.
- **Pediatric Dosing: Tylenol (Acetaminophen) 15 mg/kg ; Ibuprofen 10 mg/kg**